

48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

1. NAME OF COMMITTEE IN FULL Bill Foster for Congress																											
ADDRESS (number and street) P.O. Box 9104																											
CITY, STATE, and ZIP CODE Aurora IL 60598																											
2. NAME OF CANDIDATE Bill Foster	3. OFFICE SOUGHT (State and District) House IL 11		4. FEC IDENTIFICATION NUMBER C00435099																								
5. IS THIS AN AMENDMENT? <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____																											
<table border="1"> <thead> <tr> <th>A. FULL NAME, MAILING ADDRESS AND ZIP CODE</th> <th>Name of Employer</th> <th>Date (month, day, year)</th> <th>Amount</th> </tr> </thead> <tbody> <tr> <td>FIRST MIDWEST BANCORP, INC GOVERNMENT AFFAIRS FUND ONE PIERCE PLACE SUITE 1500 ITASCA IL 60143</td> <td>Transaction ID : C21021004 Occupation</td> <td>10/18/2014</td> <td>1000.00</td> </tr> <tr> <td>B. FULL NAME, MAILING ADDRESS AND ZIP CODE</td> <td>Name of Employer Occupation</td> <td>Date (month, day, year)</td> <td>Amount</td> </tr> <tr> <td>C. FULL NAME, MAILING ADDRESS AND ZIP CODE</td> <td>Name of Employer Occupation</td> <td>Date (month, day, year)</td> <td>Amount</td> </tr> <tr> <td>D. FULL NAME, MAILING ADDRESS AND ZIP CODE</td> <td>Name of Employer Occupation</td> <td>Date (month, day, year)</td> <td>Amount</td> </tr> <tr> <td>E. FULL NAME, MAILING ADDRESS AND ZIP CODE</td> <td>Name of Employer Occupation</td> <td>Date (month, day, year)</td> <td>Amount</td> </tr> </tbody> </table>				A. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month, day, year)	Amount	FIRST MIDWEST BANCORP, INC GOVERNMENT AFFAIRS FUND ONE PIERCE PLACE SUITE 1500 ITASCA IL 60143	Transaction ID : C21021004 Occupation	10/18/2014	1000.00	B. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer Occupation	Date (month, day, year)	Amount	C. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer Occupation	Date (month, day, year)	Amount	D. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer Occupation	Date (month, day, year)	Amount	E. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer Occupation	Date (month, day, year)	Amount
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SIGNATURE (optional) Aesook Byon		DATE 10/20/2014	For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100																								
[Electronically Filed]																											

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Any information copied from reports and statements filed under the Federal Election Campaign Act may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes other than using the name and address of any political committee to solicit contributions from such committee.

FEC FORM 6
(Revised 07/2011)